A 1.5-year old intact male French Bulldog was presented with a four day history of paraphimosis. Upon presentation, the distal penis was engorged and necrotic. The penis was able to be extended to the bulbus glandis, revealing a line of demarcation from necrotic tissue to the bulbus glandis of approximately 1 inch. Urinary function remained normal. A partial phallectomy was recommended to remove the necrotic tissue and preserve reproductive function for possible future semen collection.

A partial phallectomy was performed with a partial preputial resection. The patient experienced mild hematuria after surgery and was able to urinate normally. Imaging of the bladder using ultrasound after the surgery revealed only moderate enlargement. Treatment after surgery included a non-steroidal anti-inflammatory drug (Carprofen® 2mg/kg orally twice daily) to alleviate swelling, an antibiotic (Cefazolin® 4.2mg/kg intramuscularly) and an Elizabethan collar to prevent self-mutilation. The patient’s reproductive viability remains unknown pending a future breeding soundness examination.

Paraphimosis is the inability to withdraw the non-erect penis completely into the prepuce. Paraphimosis in the canine can occur after copulation or sexual arousal when hair around the preputial orifice strangulates the penis causing prolonged exteriorization, as well as due to trauma or neurological deficits. Damage to the penial mucosa amplifies with sustained paraphimosis. Conservative treatment includes cleaning, massaging, and lubricating the penis to reposition it in the prepuce, using a hypertonic dextrose solution, if needed, to reduce swelling. If the penis cannot be restored within the prepuce or if the trauma is severe, surgical therapy such as enlargement of the preputial orifice or partial phallectomy is indicated. This case demonstrates how canine paraphimosis is considered as an emergency condition to prevent severe necrotic damage to the penis requiring surgical correction.

**Keywords:** paraphimosis, canine, phallectomy

**References**